NAME John Smith

WEEK ENDING 4/30/11

JOB NAME OR NO.	REG. HOURS	OVER-TIME	JOB NAME OR NO.	REG. HOURS	OVER-TIME	JOB NAME OR NO.	REG. HOURS	OVER-TIME
ATO	8		101896	8	2	114314	4	
						002	3	
						E. 419	1	2
			7 am → 5pm			6am → 4 pm		
DATE 4/25 MONDAY TOTAL			DATE 4/27 WEDNESDAY TOTAL			DATE 4/29 FRIDAY TOTAL		
101798	8	2	114314	8	4			
			out of town					
7:00 am → 5pm			6am → 6pm					
DATE 4/26 TUESDAY TOTAL			DATE 4/28 THURSDAY TOTAL			DATE SATURDAY TOTAL		

ST
OT
DT
ATO
HOL

ATO OVER =

ABOVE SECTION MAY BE USED TO LIST MATERIALS, MISC. EXPENSES, SUNDAY WORK, ETC.

NUMBER OF DEPENDENTS

EARNINGS	AMOUNT	
REG. @ HOURS		
O. T. @ HOURS		
GROSS EARNINGS $		
DEDUCTIONS		
SOCIAL SECURITY		
MEDICARE		
FED. TAX		
STATE TAX		
INSURANCE		
TOTAL DEDUCTIONS $		
NET EARNINGS $		

CHECK NO. _____

DATE _____

WEEKLY TIME RECORD

John Smith

EMPLOYEE'S NAME

ADDRESS

SOCIAL SECURITY NO.

SIGNATURE

WEEK ENDING 4/30/11

PRODUCT 220